Effective December 8, 2004 1955355												58
		CLAIMS A	AS FILED - PART I		(Column 2)			SMALL ENT		OR	OTHER SMALL I	THAN
U.S. NATIONAL STAGE FEES					`		1	RATE	FEE		RATE	FEE
BASIC FEE			SMALL ENT. = \$ 150		LARG	SE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	300
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50/\$100			her situations = 100 / \$ 200	1	EXAM. FEE			EXAM FEE	200
SEARCH FEE			U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400			her situations = 250 / \$ 500		SEARCH FEE			SEARCH FEE	500
FEE FOR EXTRA SPEC. PGS.			minu	ıs 100 =		/ 50 =		X \$ 125 =			X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			9 mir	nus 20 =	•	1		X \$ 25 =		OR	X \$ 50 =	
INDEPENDENT CLAIMS			, m	inus 3 =	• / .			X \$ 100 =		OR	X \$ 200 =	
MUL	TIPLE DEPEN	DENT CLAIM PR	ESENT					+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1000
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	INTITY	OR	OTHER SMALL E	
AMENDMENT A	190ct 05	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 9	Minus	- 2	0	- 0		X \$ 25 =	1	OR	X \$ 50 =	
	Independent	• 1	Minus	3	3	- 0		X \$ 100 =	X	OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	. + \$ 360 =	
	•			FEE	(.)	OR	TOTAL ADDIT. FEE					
·		(Column 1)		(Colum	nn 2)	(Column 3)					•	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT -EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent		Minus	***		3		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+\$ 180 =		OR	+ \$ 360 =		
				•	,	· · · · · · · · · · · · · · · · · · ·		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	If the entry in eats	rmn 1 is less than th	a entry in entrone	2. witte "17" i	n ookeen	13.						•
**	if the "Highest Nu If the "Highest Nu	min't is less than the mber Previously Pai mber Previously Paid nber Previously Paid	d For" IN THIS SP Id For" IN THIS SP	ACE is less	s than '20 s than '3'	0', enter "20". ', enter "3".) in th	e appropriate box	in column 1.			

FORM PTO-875 (Rev. 02/2006)

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Application or Docket Number